

FY 12 Monthly Health Benefit Rates

Effective 7/1/2011

Source: Joint Administrative Services

A. Plan RatesCostEmployerEmployee**KA 250 Plan Option***Regular Full Time*

Single	475.00	405.19	69.81
Dual	879.00	442.21	436.79
Family	1283.00	645.50	637.50

Transportation, Food Service & Other

Single	475.00	341.89	133.11
Dual	879.00	373.13	505.87
Family	1283.00	544.66	738.34

KA 500 Plan Option*Regular Full Time*

Single	441.00	405.19	35.81
Dual	816.00	442.21	373.79
Family	1191.00	645.50	545.50

Transportation, Food Service & Other

Single	441.00	341.89	99.11
Dual	816.00	373.13	442.87
Family	1191.00	544.66	646.34

TLC High Deductible*Regular Full Time*

Single	363.00	363.00	0.00
Dual	672.00	413.01	258.99
Family	980.00	601.45	378.55

Transportation, Food Service & Other

Single	363.00	306.29	56.71
Dual	672.00	348.49	323.51
Family	980.00	507.50	472.50

B. Account Contributions*Regular Full Time*

TLC Health Savings Account Contribution (single)		42.19
TLC Health Savings Account Contribution (dual)		29.20
TLC Health Savings Account Contribution (family)		44.05

Transportation, Food Service & Other

TLC Health Savings Account Contribution (single)		35.60
TLC Health Savings Account Contribution (dual)		24.64
TLC Health Savings Account Contribution (family)		37.17